in common use. Some years ago I found to my consternation that these sheaths were being replaced by others made of black "antistatic" rubber, which affords no insulation against high voltage diathermy currents. On my expostulating to the hospital curator of instruments that this defeated the whole object of the sheaths, I was referred to the Ministry of Health's "Safety Code" for hospital theatre equipment, which lays down that "rubber and similar equipment should have antistatic properties" (p. 16, IV, No. 12). Almost the whole of this booklet is concerned with the prevention of explosions of anaesthetic gases, but with the diminishing use of diethyl ether and cyclopropane the risk of static ignition is now extremely small. In my opinion the hazard of diathermy burns when antistatic rubber is used for all purposes is considerably greater.

The last sentence of Dr. Addison's letter would make it appear that the use of flammable anaesthetic agents had increased, but I feel sure that this is a misprint for "decreased."—I am, etc.,

London N.6.

C. LANGTON HEWER.

REFERENCE

- ¹ *Report of a Working Party on Anaesthetic Explosions*, 1956. H.M.S.O., London.

* * We understand from Dr. Addison that the word should have been "decreased."—Ed., *B.M.J.*

Vision and the Cerebral Hemispheres

SIR,—Having read your leading article on the subject of "Vision and the Cerebral Hemispheres" (25 September, p. 718), we should like to comment concerning disability in judging spatial relationships.

After an anatomical study of brains of patients in this large mental-deficiency hospital one of us described an anatomical deficit in parietal-lobe structure.¹ This stimulated a clinical and psychological study, which showed convincingly that there were signs of parietal-lobe dysfunction in the patients selected. The study did not include patients with severe brain abnormalities associated with obvious neurological findings. On the contrary, these patients presented with minimal neurological signs, but failed on simple tasks involving perception of spatial relations, their organization into spatial concepts, and the execution of tasks dependent upon these powers.

A group of such adolescent patients was given a battery of simple visuomotor tests and compared with a control group of patients (of the same age and verbal intelligence quotient) who succeeded with the tests.² A highly significant difference between the two groups was found for each test and the coefficient of regression for the battery of tests as a whole indicated a significantly lower standard of performance in the observed group. These people are probably examples of the "clumsy child syndrome" concomitant with (and partially at least responsible for) a subnormal level of intelligence.

Thus phenomena similar to those which you describe following lesions acquired in adult life may be seen in our mentally retarded patients, whose parietal-lobe deficiency was

present even before the normal period of maturation of intellectual functioning.—I am, etc.,

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REFERENCES

- ¹ Sylvester, P. E., *J. Neurol. Neurosurg. Psychiat.* (in press).
² Blundell, E., 1965 (in preparation).

Hypoglycaemia due to Isolated Corticotrophin Deficiency

SIR,—While I read the article of Drs. K. A. Woerber and R. Arky with some interest (9 October, p. 857), I did not find their proof of an isolated corticotrophin deficiency completely convincing.

The metyrapone (metopirone; methopyrapone) test is in danger of falling into disrepute owing to a failure to appreciate the factors involved if a response is to be obtained. Not only has there to be an adequate reserve of corticotrophin in the pituitary, but three other requirements must be satisfied. (1) There must be an adequate fall in plasma cortisol to stimulate the hypothalamo-pituitary axis. (2) The hypothalamo-pituitary axis must be intact. (3) The adrenal cortex must be capable of responding to the corticotrophin released by the pituitary.

Woerber and Arky provide no evidence that the plasma cortisol was adequately suppressed by the metyrapone, and thus provide no evidence that the hypothalamo-pituitary axis was adequately stimulated. This is of some importance, because the dose of metyrapone they used in the test would be considered inadequate by many. It is a pity that the urinary "17-KGS" excretion was not measured for days other than the control and day after metyrapone. I have seen patients with a diminished reserve of corticotrophin show a small, but significant, rise in urinary 17-hydroxycorticosteroid excretion on the second day after metyrapone had been administered.—I am, etc.,

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Teratogenic Properties of Thalidomide

SIR,—Dr. K. Hellmann and his colleagues (18 September, p. 687) have suggested that the teratogenic properties of thalidomide are to be explained by immunosuppressive action. They suggest that thalidomide somehow enables deformed embryos (which would otherwise be aborted) to survive to term. If this were true it would follow that:

(1) Pregnant women dosed on thalidomide should have a lower abortion rate than those not so dosed.

(2) Foetuses which are aborted in the absence of thalidomide consumption should resemble the babies born after its ingestion by the mother.

I know of no data on the abortion rate of women dosed on thalidomide, but pregnant rats dosed on thalidomide seem to have an abortion rate which increases with the dose of thalidomide.¹

Macroscopically thalidomide babies often have limb deformities, whereas this is a very

rare condition in spontaneous abortion. Microscopically, early abortions frequently suffer from chromosome anomalies,² whereas thalidomide babies do not.³—I am, etc.,

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REFERENCES

- ¹ West, G. B., *J. Pharm. Pharmacol.*, 1964, 16, 63.
² Carr, D. H., *Obstet. and Gynec.*, 1965, 26, 308.
³ Hughes, D. T., Delhanty, J. D. A., Chitham, R. G., Playfair, J. H. L., and Hopper, P. K., *Lancet*, 1962, 2, 836.

Beds for the Dying

SIR,—In your issue of 9 October (p. 880) Mr. E. E. Rawlings deplores the scarcity of hospital beds for terminal cases of cancer. I should like to make it known to your readers that we, the National Society for Cancer Relief, have funds available and are always willing to help those patients in the search for private nursing accommodation. I think all medical social workers attached to hospitals know of us. Not all family doctors, however, are aware of the help they can obtain with this type of case.

We prefer a medical social worker to deal with applications for money if possible, because she is experienced in how much private accommodation should cost locally and how much the patient and relatives can afford to pay. In cases of emergency, however, any doctor can contact us by letter or telephone, and, mindful of the principle *bis dat qui cito dat*, I can assure you help will be forthcoming—and quickly.—I am, etc.,

ELIZABETH ROXBURGHE,

Chairman,
National Society for Cancer Relief.

London S.W.1.

Oral Contraceptives in Treatment of Infertility

SIR,—At the Eighth Annual Clinical Meeting of the British Medical Association in Dundee in April 1965, Dr. C. R. Garcia, of the Worcester Foundation, Massachusetts, and a member of the team who carried out the early trials on oral contraceptives in Puerto Rico in 1956, stated that recurrence of ovulation was not affected by their prolonged administration, and, if pregnancy was desired, it followed promptly after the cessation of treatment. A similar point, at the same meeting, was made by Dr. D. E. Diczfalussy, of Stockholm, who suggested that the pill could be used to combat certain forms of infertility.

My own investigation was begun in September 1962 in an endeavour to study the "rebound phenomenon" in clinical trials involving the use of the pill in cases of primary female infertility. It was appreciated, of course, at the outset of the present study that the type of case described in the various contraceptive series—namely, women who had already proved their fertility—was entirely different from that in the proposed study—namely, in women who had never at any time been pregnant. It was also appreciated that there is a long history of attempts to increase fertility in subfertile women by administration of steroidal hormones. The precise value of a progestational agent in the non-pregnant